



# Hospital Explorer Program



## Hospital Permission Note

Dear Parent / Carer,

Your child's Year 1 class will soon attend the Hospital Explorer Program at Sydney Children's Hospital, Randwick. The main aims of the 2-hour program are to take the mystery out of going to hospital so children are less anxious if they ever need to be hospitalised, and to support topics from the school syllabus. Some of the themes the students will explore include: learning about people who work in the hospital and the equipment they use, accident prevention and staying healthy. A free healthy morning tea of fruit, cheese and water is provided.

### *Infection Control Policy for Visitors*

Infectious illnesses (including coughs and colds) brought into the hospital by visitors could be life-threatening to our seriously-ill patients. Although your child will not visit patients during their visit, they will meet hospital staff who care for them. Please **do not send your child** on the excursion if he or she:

- is feeling unwell; or
- has a **cough** or **cold**; or
- has been exposed to **chicken pox** or **shingles** within three (3) weeks of the visit (if your child has never had the disease or has never been vaccinated); or
- if your child has recently had, or been exposed to, another contagious infection such as **whooping cough, influenza, vomiting** and/or **diarrhoea**.

**Students, teachers or carers who fit any of the above categories might not be able to participate.** Please record any relevant details below, including your contact details in case we need to ask you further information to determine if your child is able to participate.

### *Use of Hospital Equipment during Practical Sessions and Demonstrations*

Students will meet medical, nursing and allied health professionals during the program. The children will have the opportunity to use a stethoscope and may be chosen randomly to demonstrate equipment used for measuring oxygen and blood pressure, treating asthma, or physiotherapy rehabilitation equipment (eg. treadmill), etc.

Occasionally hospital staff may detect a possible abnormal finding during a demonstration or practical (eg. high blood pressure). **If this occurs your child will be given a notification letter to take home so that you can follow up with your family doctor.** In the unlikely event that an **urgent** medical assessment is required (eg. for very high blood pressure), the student and an accompanying teacher will be referred to the Sydney Children's Hospital Emergency Department and you will be contacted using the contact details provided below.

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## HOSPITAL PERMISSION NOTE

I give permission for my child \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_  
(name of child) (school name)

take part in an excursion to Sydney Children's Hospital, Randwick on \_\_\_\_ / \_\_\_\_ / 2010. I understand that  
(date) (month)

hospital staff may need to contact me if my child has had (or has been exposed to) an infectious illness leading up to the excursion, or if hospital staff inadvertently identify a condition that requires follow up with my family doctor.

1. Has your child had an **infectious illness** within 21 days of the excursion date, or has your child been in **contact** with a person with an infectious disease (eg. chicken pox, influenza, whooping cough, gastroenteritis) within that same period?

☐ No ☐ Yes - please specify which illness/es: \_\_\_\_\_

2. Has your child been **overseas** in the 11 days prior to the visit?

☐ No ☐ Yes - please specify which countries: \_\_\_\_\_

3. Is your child **allergic** to fruit (fresh or dried), cheese or latex (eg. rubber gloves)?

☐ No ☐ Yes - please specify: \_\_\_\_\_

Name of parent / guardian: \_\_\_\_\_

Contact phone 1: \_\_\_\_\_

Signature of parent / guardian: \_\_\_\_\_

Contact phone 2: \_\_\_\_\_

Date signed: \_\_\_\_ / \_\_\_\_ / 2010

Contact phone 3: \_\_\_\_\_

Please return this completed permission note to your child's teacher. Thank you for your assistance.